



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS
ANDREW JOHNSON TOWER, SECOND FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0657
(615) 741-2859

APPLICATION FOR EMPLOYEE ASSISTANCE PROFESSIONAL INTERNSHIP

WITH THIS APPLICATION PLEASE SUBMIT:

1. Copy of high school diploma or general education development (G.E.D.)
2. Description of the employee assistance intern's activities and the mission statement of the EAP organization
3. Plans for monitoring, instruction, consultation and evaluation
4. Proof of current liability coverage- \$1,000,000/Occurrence and \$3,000,000/Aggregate
5. Affidavit of applicant
6. Nonrefundable \$50 application fee. Please make check or money order payable to: **Tennessee Department of Labor and Workforce Development**

Mail to: STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
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APPLICATION FOR EMPLOYEE ASSISTANCE PROFESSIONAL INTERNSHIP

Applicant: _____
Last Name First Name MI

Social Security Number: _____

Business Address: _____
Company Name

Street (Not a Post Office Box)

City State Zip Code

Business Phone: (____) _____

Home Address: _____
Street (Not a Post Office Box)

City State Zip Code

Home Phone: (____) _____

EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	CITY, STATE	ZIP CODE	TITLE	DATES
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REFERENCES

NAME	ADDRESS	CITY, STATE	ZIP CODE	HOW LONG KNOWN
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Approved LEAP Supervisor(s) who will be supervising your internship:

a. _____ b. _____

Approximate date (month/year) you plan to begin your internship _____

Approximate date (month/year) you plan to complete your internship _____

Signature of LEAP Supervisor a. _____ Date _____

License Number _____

Signature of LEAP Supervisor b. _____ Date _____

License Number _____

I understand that:

- | | | YES | OR | NO |
|----|--|-------|----|-------|
| 1. | Performance evaluations will be completed by the supervising LEAP for each six month period of internship according to the standards of employee assistance activities as outlined in the rules and regulations. | _____ | | _____ |
| 2. | Proof of continuing education hours or professional development hours during the period of internship will be submitted. | _____ | | _____ |
| 3. | Upon completion of internship, proof of 3 years full time supervised internship or 3000 hours of supervised internship work will be submitted. | _____ | | _____ |

Signature of LEAP Supervisor _____ Date _____

APPLICANT QUESTIONARE

- | | | YES | OR | NO |
|----|---|-------|----|-------|
| 1. | Are you currently engaged in the illegal use of controlled substances? | _____ | | _____ |
| 2. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | | _____ |
| 3. | If you have ever applied for or held a license or certificate to practice employee assistance in any state, country, or province, was it or has it ever been denied, suspended, restricted, revoked, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | | _____ |
| 4. | Have you ever had a license or certificate to practice in a health care or other profession revoked, suspended, or restricted? | _____ | | _____ |

5. Have you been otherwise disciplined or asked to voluntarily surrender a license/certification under threat of restriction or disciplinary action? _____
6. Have you been convicted of a felony or a misdemeanor other than a minor traffic violation within the past 5 years? _____
7. Have you ever been rejected or censured by a professional association? _____
8. In relation to the performance of your professional services in any profession: _____
- a. Have you ever had a final judgment rendered against you; or _____
- b. Have you ever had a settlement of any legal action rendered against you; or _____
- c. Are there any legal actions pending against you or to which you are a party? _____

I certify that the information given is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT _____ **DATE** _____

**AFFIDAVIT OF APPLICANT
APPLICANT'S CONSENT AND RELEASE**

In applying for licensure or internship in the State of Tennessee, **I, HEREBY:**

AUTHORIZE THE BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competency, character, ethical qualifications, ability to work cooperatively with others, and other qualifications;

CONSENT TO THE RELEASE of such information;

RELEASE FROM LIABILITY the board, its staff and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluation of my application, credentials, and qualifications.

AGREE TO conduct myself in accordance with the Board of Employee Assistance Professionals code of conduct.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE

In the state of _____, and the county of _____, being duly sworn and identified as the person referred to in this application for a license to practice as an employee assistance professional or employee assistance professional internship in the State of Tennessee, he/she attests to the truth of each statement made in this application. He/she further swears, he/she has read and understands the law and the rules and regulations which were enclosed in the application packet, and agrees to abide by them while in practice or during the internship in the State of Tennessee, and acknowledges said instrument is by his/her free act and deed.

Signature of Notary

NOTARY SEAL:

Sworn to before me this ____ day of _____, 20 ____.

My Commission Expires _____.